



Wisconsin Department of Public Instruction
**STATUS OF CARL PERKINS FORMULA ALLOCATION
APPLICATION FOR CONSORTIUMS**
Annual Request for Program of Study Funds
PI-1341-B (Rev. 01-10)

INSTRUCTIONS: Submit responses in a **separate Word**
document as an **e-mail attachment** to:

marilyn.bachim@dpi.wi.gov

Collection of this information is a requirement of PL 109-270.

GENERAL INFORMATION		
Applicant Agency	LVEC/CTE Coordinator	Project Number
Formula Allocation	Amount Requested	Amount Approved
Type of Fiscal Agent <i>Check One</i> <input type="checkbox"/> CESA <input type="checkbox"/> 66:03		
Status of Carl Perkins Application <i>Check One</i> <input type="checkbox"/> Approved <input type="checkbox"/> Conditionally Approved <input type="checkbox"/> Not Fundable		
Items marked revised or missing are to be resolved prior to encumbering any Carl Perkins monies. Follow the information in the 2010-11 Carl Perkins Formula Allocation Application for Consortiums or call the DPI/CTE Liaison Consultant if in doubt about the application.		
Comments		

LVEC CERTIFICATION STATUS	
LVEC/CTE Coordinator	65/93 License
DPI/CTE Grant Manager Signature ➤	Date Signed Mo./Day/Yr.
SIGNATURES	
DPI/CTE Liaison Consultant Signature ➤	Date Signed Mo./Day/Yr.

STATUS OF CARL PERKINS APPLICATION

PI-1303-F Carl Perkins Formula Allocation Application for Consortiums/Annual Request for Program of Study Funds

I—Administrative Provisions

Select from
dropdown list.

Part A—Cover Sheet

- Ok** Name of the institution eligible to receive this grant, i.e., the Applicant Agency
- Ok** District or CESA Code assigned by DPI
- Ok** LVEC/CTE Coordinator Name
- LVEC/CTE Coordinator Agency Address
- Ok** Building Name
- Ok** Street
- Ok** City
- Ok** State
- Ok** Zip
- Ok** LVEC/CTE Coordinator Phone
- Ok** LVEC/CTE Coordinator Fax
- Ok** LVEC/CTE Coordinator E-mail

Comments

Part C—Certification and Signatures

- Ok** Name of Fiscal Agent Administrator for Project (District or CESA Administrator)
- Ok** Title of Fiscal Agent Administrator for Project (District or CESA Administrator)
- Ok** Signature of Fiscal Agent Administrator
- Ok** Name of Administrator Responsible for Project (LVEC/CTE Coordinator)
- Ok** Title of Administrator Responsible for Project (LVEC/CTE Coordinator)
- Ok** Signature of Administrator Responsible for Project (LVEC/CTE Coordinator)
- Ok** Two (2) signature pages **mailed** to Marilyn Bachim

Comments

Part D—Consortium Roster of LEA Designees

- Ok** Participating District _____
- Ok** Name of LEA Designee _____
- Ok** Address of LEA Designee _____
- Ok** Position/Title _____
- Ok** Telephone Area/No. _____
- Ok** Fax Area/No. _____
- Ok** E-mail Address _____

Comments

Part E—Justification

- Ok** Non-vocationally certified teacher to serve as CPA designee
- Ok** CPA designee who is not a member of the CPA consortium council

Comments

IX—Compliance with Core Indicators and State Initiatives

- Ok** Completed chart for **each** participating school district
-

STATUS OF CARL PERKINS APPLICATION

Comments

Part A—Compliance with Federal Core IndicatorsCompliance/non-compliance with each of the federal *CPA Core Indicators* from the coding on '08 *District Profile***Ok** Section X, Part C, Activity Number _____**Ok** Standard A _____**Ok** Standard B _____**Ok** Most current application form used

Comments

Part B—Compliance with State InitiativesCompliance/non-compliance with each of the *State Initiatives* from the coding on '08 *District Profile***Ok** Section X, Part C, Activity Number _____**Ok** Standard A _____**Ok** Standard B _____**Ok** Most current application form used

Comments

X—Programs of Study**Part A—Program of Study Chart**

1

Wisconsin Program of Study Chart (DPI developed format)**Ok** Based on the 2010-11 *POS Listing*, one chart for each **new** POS since the 2009-10 application that is CPA funded **or** CPA and locally funded (unless at the planning stage) _____**Ok** Based on the 2010-11 *POS Listing*, one chart for each **changed** POS since the 2009-10 application that is CPA funded **or** CPA and locally funded (unless at the planning stage) _____**Ok** District Name _____**Ok** High School Name _____**Ok** Nationally recognized Career *Cluster* Name _____**Ok** Nationally recognized *Pathway* name for each POS _____**Ok** Academic and CTE courses critical to the *Pathway* _____**Ok** Both secondary and post-secondary sequences of coursework that result in a post-secondary industry related credential, certificate, associate or bachelor's degree _____

Comments

Locally developed *Program of Study Chart* format which meets the following criteria:**Ok** Based on the 2010-11 *POS Listing*, one chart for each **new** POS since the 2009-10 application that is CPA funded **or** CPA and locally funded (unless at the planning stage) _____**Ok** Based on the 2010-11 *POS Listing*, one chart for each **changed** POS since the 2009-10 application that is CPA funded **or** CPA and locally funded (unless at the planning stage) _____**Ok** Excel format**Ok** District Name _____**Ok** High School Name _____**Ok** Nationally recognized (valid) Career *Cluster* Name _____

STATUS OF CARL PERKINS APPLICATION

- Ok** Nationally recognized (valid) *Pathway* name for each POS _____
- Ok** Academic and CTE courses critical to the *Pathway* _____
- Ok** Both secondary and post-secondary sequences of coursework that result in a post-secondary industry related credential, certificate, associate or bachelor's degree _____

Comments

Part B—Program of Study Description

- Ok** One chart per *Program of Study* _____
- Ok** *Cluster Name* from drop-down box _____
- Ok** *Program of Study Name* from drop-down box _____

Comments

1

- Ok** *Program of Study* prepares students for occupations that are high skill, high wage, or high demand _____

Comments

2

- Ok** Labor market information (LMI) described in PI-1303, *Section II.3*, supports the selection of the *Program of Study* _____

Comments

3

- Ok** Other information used in the selection of the *Program of Study* _____

Comments

4

- Ok** Identification of partners _____
- Ok** Description of partner involvement in the selection, development, implementation, and refinement of this *Program of Study* _____

Comments

5

Wisconsin's POS Implementation Model

- Ok** *Participating District Name* _____
- Ok** *Representative CTE Teacher Name* _____
- Ok** *Representative CTE Teacher Title* _____
- Progress Rating
- Ok** General Foundations *Progress Rating* from drop-down box _____
- Ok** School Career Counseling and Career Development *Progress Rating* from drop-down box _____
- Ok** Rigorous Curriculum and Quality Instruction *Progress Rating* from drop-down box _____
- Ok** Transition Planning and Policy *Rating* from drop-down box _____
- Ok** Accountability and Continuous Improvement *Progress Rating* from drop-down box _____
-

STATUS OF CARL PERKINS APPLICATION

Comments

6Summarization on the progress/status on the five elements of the *Wisconsin POS Implementation Model* prior to this application.

6.a

Ok General or Foundations _____**Ok** Description of what is in place to support this rating _____**Ok** Differences among districts in the consortium _____**Ok** New application form used

Comments

6.b**Ok** School Counseling and Career Development _____**Ok** Description of what is in place to support this rating _____**Ok** Differences among districts in the consortium _____**Ok** New application form used

Comments

6.c**Ok** Rigorous Curriculum and Quality Instruction _____**Ok** Description of what is in place to support this rating _____**Ok** Differences among districts in the consortium _____**Ok** New application form used

Comments

6.d**Ok** Transition Planning and Policy _____**Ok** Description of what is in place to support this rating _____**Ok** Differences among districts in the consortium _____**Ok** New application form used

Comments

6.e**Ok** Accountability and Continuous Improvement _____**Ok** Description of what is in place to support this rating _____**Ok** Differences among districts in the consortium _____**Ok** New application form used

Comments

Part C—Program of Study Operational Plan**1****Ok** Submission of *Excel/Workbook* file

STATUS OF CARL PERKINS APPLICATION

- Ok** Fiscal Agent Name
- Ok** Checks, Formula Allocation Amount
- Ok** Administrative Expenses within 5% cap
- Ok** Grand Total/CPA **equals** the corresponding PI-1303-F, *Section XI*, and PI-1303-A, *Section III*, i.e., the amount requested for the application.

Comments

Activities and Costs Shared Among Multiple Programs of Study
Activity

- Ok** Chronological list of activities that will assist in local implementation of the *Wisconsin Program of Study Implementation Model*
- Ok** Types of costs _____
- Ok** Limited to school counseling activities and/or Federal Core Indicator/State Initiative non-compliance strategies _____

Comments

Element Code

- Ok** Code from drop-down box _____

Comments

Core Indicator Compliance

- Ok** Correlation checked to one or more of the federal *CPA Core Indicators* _____
- Ok** New application form used

Comments

Specific Date To Be Accomplished

- Ok** *Specific Date To Be Accomplished* for each *Activity* (must be within grant period; i.e., July 1, **2010** and June 30, **2011**) _____

Comments

Project Evaluation

- Ok** *Project Evaluation* **measures** progress and serves as a catalyst for developing improvement plans in the following years _____

Comments

Person and Position Responsible for Evaluation

- Ok** *Person and Position* of individual responsible for evaluating each *Activity* _____

Comments

Budgeted \$\$

- Ok** *Local*—amount to be paid for each *Activity* with local funds or 0
- Ok** *CPA*—amount to be paid for each *Activity* with federal CPA funds or 0

Comments

Activities and Costs for each selected Program of Study

- Ok** *Cluster Name* from drop-down box _____
-

STATUS OF CARL PERKINS APPLICATION

Ok *Program of Study Name* from drop-down box _____

Ok Each *Program of Study* submitted in "Part B" identified by a discreet table in the *Operational Plan* _____

Comments

Activity

Ok Chronological list of activities that will assist in local implementation of the *Wisconsin Program of Study (POS) Implementation Model* _____

Ok Types of costs _____

Ok Activities relevant to the POS and the stage of development of the POS _____

Comments

Element Code

Ok Code from drop-down box _____

Comments

Core Indicator Compliance

Ok Correlation checked to one or more of the federal *CPA Core Indicators* _____

Ok New application form used

Comments

Date To Be Accomplished

Ok *Specific Date To Be Accomplished* for each *Activity* (must be within grant period; i.e., July 1, **2010** and June 30, **2011**) _____

Comments

Project Evaluation

Ok *Project Evaluation* measures progress and serves as a catalyst for developing improvement plans in the following years _____

Comments

Person and Position Responsible for Evaluation

Ok *Person and Position* of individual responsible for evaluating each *Activity* _____

Comments

Budgeted \$\$

Ok *Local*—amount to be paid for each *Activity* with local funds or 0 _____

Ok *CPA*—amount to be paid for each *Activity* with federal CPA funds or 0 _____

Comments

Ok Rationale for all budgeted items in *Operational Plan*

Ok Rationale organized by *Program of Study* _____

STATUS OF CARL PERKINS APPLICATION

Comments

XI—Summary of Use of CPA Funds

- Ok** Summarization of costs of *Local Project Plan* by the required and permissive use of funds
- Ok** Administrative funds not more than 5% of the total budget
- Ok** Administrative funds equals the corresponding PI-1303-F (*Operational Plan – Section X, Part C*) **and** PI-1303-A (*Section III*)
- Ok** Total equals the corresponding PI-1303-F (*Operational Plan – Section X, Part C*) **and** PI-1303-A (*Section III*); i.e., the amount requested for the application

Comments

XII—Consortium Contracting

Part A—CESA Services Agreement

- Ok** Two originals of signed contract for **one** participating school district as part of the *2010-2011 Carl Perkins Formula Allocation Application for Consortiums*
- Ok** Name of the CESA that will act as fiscal agent for the *2010-2011 Carl Perkins Formula Allocation Application for Consortiums*
- Ok** Name of all school districts contracting with the CESA as part of the *2010-2011 Carl Perkins Formula Allocation Application for Consortiums*
- Ok** **Length** of the contract and corresponding school year(s)
- Ok** **Name** of the school district contracting with CESA for services
- Ok** Signature of district administrator of the school district contracting with the CESA for the *2010-2011 Carl Perkins Formula Allocation Application for Consortiums*
- Ok** Signature of board president of the school district contracting with the CESA as part of the *2010-2011 Carl Perkins Formula Allocation Application for Consortiums*
- Ok** Signature of board clerk of the school district contracting with the CESA as part of the *2010-2011 Carl Perkins Formula Allocation Application for Consortiums*
- Ok** Response to *CESA Name* from above, i.e., the name of the CESA that will act as fiscal agent for the *2010-2011 Carl Perkins Formula Allocation Application for Consortiums*
- Ok** Signature of representative of the respective CESA Board of Control
- Ok** Signature of administrator of the CESA that is acting as the fiscal agent for the *2010-2011 Carl Perkins Formula Allocation Application for Consortiums*
- Ok** Signature of person who is employed as a Local Vocational Education/Career and Technical Education Coordinator by the CESA for the *2010-2011 Carl Perkins Formula Allocation Application for Consortiums*

Comments

Part B—66.03 Agreement

- Ok** Two originals of signed contract for **one** participating school district as part of the *2010-2011 Carl Perkins Formula Allocation Application for Consortiums*
- Ok** Name of the school district that will act as fiscal agent for the *2010-2011 Carl Perkins Formula Allocation Application for Consortiums*
- Ok** Name of all school districts contracting with this school district as part of the *2010-2011 Carl Perkins Formula Allocation Application for Consortiums*
- Ok** Response to *Name of the School District* from above; i.e., the fiscal agent of the *2010-2011 Carl Perkins Formula Allocation Application for Consortiums*
- Ok** **Length** of the contract and corresponding school year(s)
- Ok** **Name** of school district contracting with the fiscal agent for 66.03 services
- Ok** Signature of district administrator of the school district contracting with the fiscal agent for the *2010-2011 Carl Perkins Formula Allocation Application for Consortiums*
- Ok** Signature of board president of the school district contracting with the fiscal agent as part of the *2010-2011 Carl Perkins Formula Allocation Application for Consortiums*
- Ok** Signature of board clerk of the school district contracting with the fiscal agent as part of the *2010-2011 Carl Perkins Formula Allocation Application for Consortiums*
- Ok** *Name of the School District*, i.e., the fiscal agent of the *2010-2011 Carl Perkins Formula Allocation Application for Consortiums*
-

STATUS OF CARL PERKINS APPLICATION

Ok Signature of administrator of the school district that is acting as the fiscal agent for the *2010-2011 Carl Perkins Formula Allocation Application for Consortiums*

Ok Signature of person who is employed as a Local Vocational Education/Career and Technical Education Coordinator by the fiscal agent for the *2010-2011 Carl Perkins Formula Allocation Application for Consortiums*

Comments

PI-1303-A Budget/Budget Modification

I—Administrative Provisions

Ok New application form used

Ok Name of school district that will act as the fiscal agent of the *2010-2011 Carl Perkins Formula Allocation Application for Consortiums*

Comments

III—Budget

III.A—Budget Summary

Ok Total equals the corresponding PI-1303-F (*Operational Plan – Section X, Part C*) **and** PI-1303-F (*Section XI*); i.e., the amount requested for the application

Ok Supervision and coordination budget no more than 5% of the total budget

Ok Administrative funds equals the corresponding PI-1303-F (*Operational Plan – Section X, Part C*) **and** PI-1303-F (*Section XI*)

Comments

III.B—Budget Detail

Ok Equals budget summary by object classification

Comments

Purchased Service Object

Ok *Purchased Service* budgeted items support information provided in PI-1303-F, *Section X*

Ok *Purchased Service* is payment for services rendered by personnel who are not on the payroll of the district or which the district obtains from private or public agencies (i.e., CESAs); and employee travel is a purchased service and includes transportation costs, meals and lodging

Ok *Item Name* _____

Ok *Item Name* includes abbreviated name of the *Program of Study* _____

Ok *Date(s) Service To Be Provided* (must be within grant period; i.e., July 1, **2010** and June 30, **2011**) _____

Ok *Unit Cost*

Ok *Quantity*

Ok *Function Code*

Comments

Capital Object

Ok *Capital object* budgeted items support information provided in PI-1303-F, *Section X*

Ok *Item Name* _____

Ok *Item Name* includes abbreviated name of the *Program of Study* _____

Ok *Unit Cost*

Ok *Quantity*

Ok *Function Code*

STATUS OF CARL PERKINS APPLICATION

Comments

Non-Capital Object
Ok Non-capital object budgeted items support information provided in PI-1303-F, *Section X***Ok** Item Name _____**Ok** Item Name includes abbreviated name of the *Program of Study* _____**Ok** Unit Cost**Ok** Quantity**Ok** Function Code

Comments

Personnel Summary Object—Salary
Ok Personnel budgeted items support information provided in PI-1303-F, *Section X***Ok** Funded positions are for the purpose of supplementing the CTE program—not to supplant existing funding of positions**Ok** Name of the **employee of the school district** to be paid from CPA money _____**Ok** Item Name includes abbreviated name of the *Program of Study* _____**Ok** Position Title _____**Ok** FTE (Full Time Equivalency) _____**Ok** Date(s) Service to be Provided (must be within grant period; i.e., July 1, **2010** and June 30, **2011**) _____**Ok** Total Cost**Ok** Function Code

Comments

Personnel Summary Object—Fringes
Ok Personnel budgeted items support information provided in PI-1303-F, *Section X***Ok** Funded positions are for the purpose of supplementing the CTE program—not to supplant existing funding of positions**Ok** Name of the **employee of the school district** to be paid from CPA money _____**Ok** Item Name includes abbreviated name of the *Program of Study* _____**Ok** Position Title _____**Ok** FTE (Full Time Equivalency) _____**Ok** Date(s) Service to be Provided (must be within grant period; i.e., July 1, **2010** and June 30, **2011**) _____**Ok** Total Cost**Ok** Function Code

Comments